

Trauma Flow Sheet Documentation Audit Tool

Patient Trauma Number	
MRN	
Date of service	
RN Reviewing	

- ☐ **Trauma Activation Time and Arrival Times of all team members**
 - ☐ **Activation Level documented**
 - ☐ **Mechanism of injury data complete**
 - ☐ **Primary and Secondary Assessments complete**
 - ☐ **Complete set of initial vital signs (Temperature, SPO2, Pulse, RR, BP and Pain) and Glasgow Coma Scale documented. If incomplete, list missing elements;**
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- ☐ **Serial Vital signs, GCS documented (Level 1-Q5min for 20 min, Q15min for 1hr, Q30min thereafter)(Level 2- Q15min for 1 hr, Q30min for 2 hr)**
 - ☐ **Medications documented to include dose and route**
 - ☐ **Cardiac monitoring was initiated for trauma patient w/alterd LOC, multi-system injury, chest trauma and/or potential for cardiovascular instability**
 - ☐ **Intake and Output documented**
 - ☐ **EMS run sheet is with the chart with complete Response Times, initial Vital Signs (SP02, Pulse/HR, Respiratory Rate & Blood Pressure) and Glasgow Coma Scale documented. If incomplete, list missing elements;**
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- ☐ **Times for interventions documented, Time of ED disposition documented.**